

L14000041750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

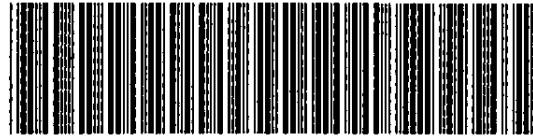
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600255270726

L14-41750

01/24/14--01024--022 **125.00

FILED
14 MAR 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2014 ✓

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Champagne Problems LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob Coyle

Name of Person

Champagne Problems LLC

Firm/Company

PO BOX 530785

Address

St. Petersburg, Florida 33747

City/State and Zip Code

jw.coyle85@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Coyle

Name of Person

518

Area Code

817-2896

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2014

JACOB COYLE
CHAMPAGNE PROBLEMS LLC
P.O. BOX 530785
ST. PETERSBURG, FL 33747

SUBJECT: CHAMPAGNE PROBLEMS LLC
Ref. Number: W14000008795

We have received your document for CHAMPAGNE PROBLEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Called 2/4/14 someone was to call back with Street address for principal place of business, no one ever called back.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 114A00003037

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Champagne Problems LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Champagne Problems LLC

521 Pinellas Bayway South Unit 202

Tierra Verde, Florida 33715

Mailing Address:

Champagne Problems LLC

521 Pinellas Bayway South Unit 202

Tierra Verde, Florida 33715

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jacob Coyle

Name

521 Pinellas Bayway South Unit 202

Florida street address (P.O. Box **NOT** acceptable)

Tierra Verde

FL 33715

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Jacob Coyle

521 Pinellas Bayway S Unit 202

Tierra Verde, Florida 33715

Josh Coyle

324 62nd St. Apt 3B

West New York, NJ 07093

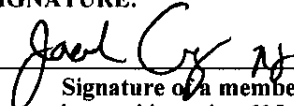
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

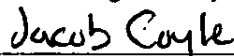
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA